

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>212519597</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>STAFFORD HOSPITAL FOUNDATION, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>MW HEALTHCARE REGISTERED AGENT LLC</b>  <b>2300 FALL HILL AVE STE 509</b>  <b>FREDERICKSBURG, VA 22401-3343</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>FREDERICKSBURG CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>6/30/2012</b></p> <p>SCC ID NO: <b>06785539</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 2300 FALL HILL AVE STE 509</p> <p style="margin-left: 40px;">CITY/ST/ZIP: FREDERICKSBURG, VA 22401</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: Elaine Farmer  TITLE: SECRETARY  ADDRESS: 2600 Mary Washington Blvd.  CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Elaine Farmer TITLE: SECRETARY ADDRESS: 2600 Mary Washington Blvd. CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Elaine Farmer TITLE: SECRETARY ADDRESS: 2600 Mary Washington Blvd. CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: JO KNIGHT  TITLE: V CHAIRMAN  ADDRESS: 2600 Mary Washington Blvd.  CITY/ST/ZIP/CO: Fredericksburg, VA 22401 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JO KNIGHT TITLE: V CHAIRMAN ADDRESS: 2600 Mary Washington Blvd. CITY/ST/ZIP/CO: Fredericksburg, VA 22401	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: Malone SCHOOLER  TITLE: CHAIR  ADDRESS: 2600 Mary Washington Blvd.  CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Malone SCHOOLER TITLE: CHAIR ADDRESS: 2600 Mary Washington Blvd. CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Malone SCHOOLER TITLE: CHAIR ADDRESS: 2600 Mary Washington Blvd. CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: CLARK LEMING  TITLE: DIRECTOR  ADDRESS: 2600 Mary Washington Blvd.  CITY/ST/ZIP/CO: Fredericksburg, VA 22401 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CLARK LEMING TITLE: DIRECTOR ADDRESS: 2600 Mary Washington Blvd. CITY/ST/ZIP/CO: Fredericksburg, VA 22401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: Margaret Alexander  TITLE: DIRECTOR  ADDRESS: 2600 Mary Washington Blvd.  CITY/ST/ZIP/CO: Fredericksburg, VA 22401 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Margaret Alexander TITLE: DIRECTOR ADDRESS: 2600 Mary Washington Blvd. CITY/ST/ZIP/CO: Fredericksburg, VA 22401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME:	Clay Huber	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2600 Mary Washington Blvd.		
CITY/ST/ZIP/CO:	Fredericksburg, VA 22401		
NAME:	Douglas Johnson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2600 Mary Washington Blvd.		
CITY/ST/ZIP/CO:	Fredericksburg, VA 22401		
NAME:	William Johnson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2600 Mary Washington Blvd.		
CITY/ST/ZIP/CO:	Fredericksburg, VA 22401		
NAME:	Glenn Kinard	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2600 Mary Washington Blvd.		
CITY/ST/ZIP/CO:	Fredericksburg, VA 22401		
NAME:	Walter Kiwall	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2600 Mary Washington Blvd.		
CITY/ST/ZIP/CO:	Fredericksburg, VA 22401		
NAME:	Terence Mannion	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2600 Mary Washington Blvd.		
CITY/ST/ZIP/CO:	Fredericksburg, VA 22401		
NAME:	Ravi Mathur	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2600 Mary Washington Blvd.		
CITY/ST/ZIP/CO:	Fredericksburg, VA 22401		
NAME:	Charles McDaniel	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2600 Mary Washington Blvd.		
CITY/ST/ZIP/CO:	Fredericksburg, VA 22401		
NAME:	Gregory Poss	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2600 Mary Washington Blvd.		
CITY/ST/ZIP/CO:	Fredericksbrug, VA 22401		
NAME:	Fred Rankin, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2600 Mary Washington Blvd.		
CITY/ST/ZIP/CO:	Fredericksburg, VA 22401		
NAME:	Xavier Richardson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2600 Mary Washington Blvd.		
CITY/ST/ZIP/CO:	Fredericksburg, VA 22401		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jack Rowley DIRECTOR 2600 Mary Washington Blvd. Fredericksburg, VA 22401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Xavier Richardson	Xavier Richardson, DIRECTOR	5/25/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			